



**CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM**

25 N. WINFIELD ROAD
WINFIELD, IL 60190

PHONE: 630.933.6910
EMAIL: CDHEMS@NM.ORG

WEB: WWW.CDHEMS.COM

EQUIPMENT AND MEDICATION LIST

DEPARTMENT: _____ VEHICLE NUMBER: _____ LEVEL OF CARE: _____ CRITICAL CARE _____ ALS AMBULANCE _____ ALS NON-TRANSPORT _____
 VIN: _____ LICENSE PLATE: _____ BLS AMBULANCE _____ BLS NON-TRANSPORT _____
 CHECKED BY: _____ DATE: ___/___/___ SYSTEM INSPECTION: PASS FAIL
 SUPPLIES ORDERED BY: _____ SUPPLY ORDER DATE: ___/___/___

ITEM	DESCRIPTION	CRITICAL CARE	ALS AMBULANCE	ALS NON-TRANSPORT	BLS AMBULANCE	BLS NON-TRANSPORT	QUANTITY
AIRWAY							
ENDOTRACHEAL TUBES	ONE OF EACH, 3.0 – 8.0MM (< 5.0MM UNCUFFED)	2 SETS	2 SETS	1 SET			_____
ENDOTRACHEAL TUBE HOLDER	ADULT AND PEDIATRIC	1 EACH	1 EACH	1 EACH			_____
LARYNGOSCOPE HANDLE	ADULT AND PEDIATRIC	1 EACH	1 EACH	1 EACH			_____
LARYNGOSCOPE BLADES	CURVED SIZE 2, 3, & 4 AND STRAIGHT SIZE 0, 1, 2, 3, & 4	1 SET	1 SET	1 SET			_____
INTUBATION CAMERA	MACGRATH, GLIDESCOPE, OR KING VISION (911 / CRITICAL CARE ONLY)	1 EACH	1 EACH	OPTIONAL			_____
BATTERIES	SIZE AA: 2 IN HANDLE AND 2 EXTRA (4 TOTAL) SIZE 'C': 2 IN HANDLE AND 2 EXTRA (4 TOTAL)	4 EACH	4 EACH	4 EACH			_____
RIGID STYLET	ADULT (14FR) AND PEDIATRIC (6FR)	1 EACH	1 EACH	1 EACH			_____
10ML SYRINGE	NEEDLELESS	1	1	1			_____
BOUGIE	GUM-ELASTIC ENDOTRACHEAL TUBE INTRODUCER	1	1	1			_____
LUBRICANT	PACKETS OR TUBE, WATER SOLUBLE, STERILE	4	2	2			_____
MAGILL FORCEPS	ADULT AND PEDIATRIC	1 EACH	1 EACH	1 EACH			_____
HAND-HELD NEBULIZER	FULL KIT	3	2	1	2	1	_____
IN-LINE NEBULIZER ADAPTER	FULL KIT	1	1	1			_____



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AIRWAY, CONTINUED							
CRICOTHYROTOMY KIT	FULL KIT (14GA ANGIOCATH 2"; 3.5MM ETT ADAPTER; SCALPEL; CURVED HEMOSTAT; CHLORAPREP OR BETADINE SWAB)	1	1	1			
EtCO₂ DETECTOR	COLORMETRIC EASYCAP II [®] AND COLORMETRIC PEDICAP [®]	OPTIONAL	OPTIONAL	1 EACH UNLESS USING WAVEFORM			
WAVEFORM CAPNOGRAPHY	NASAL CANNULA / NON-INVASIVE; ADULT AND PEDIATRIC	2 EACH	2 EACH	1 EACH *OPTIONAL*			
WAVEFORM CAPNOGRAPHY	INVASIVE / INTUBATED; ADULT AND PEDIATRIC	2 EACH	2 EACH	1 EACH *OPTIONAL*			
SPO₂ SENSOR	ADULT AND PEDIATRIC SIZE, NON-DISPOSABLE	1 EACH	1 EACH	1 EACH	1 EACH	1 EACH	
CPAP	FLowsafe II-EZ [®] SIZE LARGE FACEMASK	1	1	1			
I-GEL SUPRAGLOTTIC AIRWAY	SIZE 3, 4, & 5	1 EACH	1 EACH	1 SIZE 4 *OPTIONAL*	1 EACH *OPTIONAL*	1 SIZE 4 *OPTIONAL*	
SALEM SUMP OG TUBE	12FR (FOR I-GEL)	1 EACH	1 EACH	1 EACH *OPTIONAL*	1 EACH *OPTIONAL*	1 EACH *OPTIONAL*	
SALEM SUMP OG TUBE	16FR (FOR ENDOTRACHEAL INTUBATION)	1 EACH *OPTIONAL*	1 EACH *OPTIONAL*	1 EACH *OPTIONAL*			
VENTILATOR TUBING	ADULT AND PEDIATRIC	1 EACH					
VENTILATOR HEAT/MOISTURE EXCHANGER		2					



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PATIENT ASSESSMENT							
THERMOMETER	ORAL OR TEMPORAL	1	1	OPTIONAL	1		
BLOOD GLUCOSE MONITOR	DEVICE, INSTRUCTIONS, LANCETS, ≥ 10 TEST STRIPS, ALCOHOL PADS	1	1	1	1	1	
POINT-OF-CARE TESTING	EPOC	1					
POINT-OF-CARE TESTING	TEST STRIPS / CARTRIDGES	3					
PEDIATRIC EQUIPMENT							
MECONIUM ASPIRATOR	PLACED IN OR ON OB KIT OR WITH INTUBATION KIT	1	1	1			
INFANT CAR SEAT	ABLE TO SECURE 4 – 40 LBS CHILD	1	1		1		
INTRAVENOUS ADMINISTRATION EQUIPMENT							
INFUSION FILTER	0.22 MICRON FILTER SET	2					
INFUSION SET	MACRODRIP / 10 – 20 GTT	6	4	2			
INFUSION SET	MICRODRIP / 60 GTT	4	2	1			
INFUSION SET	BLOOD ADMINISTRATION SET	2					
INTRAVENOUS CATHETERS	14GA, 16GA, 18GA, 20GA, 22GA, 24GA	3 EACH	3 EACH	2 EACH			
IV EXTENSION	6 INCH EXTENSION SET / "J-LOOP"	2	2	2			
IV INFUSION PUMP	1 CONTROL MODULE & 4 PUMP CHANNELS	2 SETS					
MEDICATION LABELS		5					
IV START KIT	COMMERCIAL START KIT	5	4	2			



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INTRAVENOUS ADMINISTRATION EQUIPMENT, CONT.							
EZ-IO	DRILL, EZ CONNECT TUBING, WRISTBAND 15MM NEEDLE (PINK) / 25MM NEEDLE (BLUE) / 45MM NEEDLE (YELLOW)	1 SET	1 SET	1 SET			
PNEUMATIC PRESSURE INFUSER	1000ML DISPOSABLE PNEUMATIC DEVICE	1	1	1			
CARDIAC							
ECG ELECTRODES	ADULT	30	30	15			
ECG ELECTRODES	PEDIATRIC	10	10	5			
CARDIAC MONITOR	DEFIBRILLATION, PACING, 3 -4 LEAD MONITORING, 12-LEAD ACQUISITION AND TRANSMISSION, NIBP, EtCO ₂ , SpO ₂	1	1	1	1 AED	1 AED	
DEFIB / PACING / CARディオVERSION PADS	MONITOR SPECIFIC, ADULT AND PEDIATRIC	2 EACH	2 EACH	1 EACH	1 EACH	1 EACH	
ECG PRINTER PAPER	MONITOR SPECIFIC, 1 IN MONITOR, 1 EXTRA (2 TOTAL)	2	2	1			
RAZOR		1	1	1			
DOPPLER		1					
INVASIVE LINE TRANSDUCER	FULL SET	2					
INVASIVE LINE MONITORING CABLES		2					
TRAUMA / DISASTER / PAPER FORMS							
SMART TRIAGE TAGS	SET OF 10	1	1	1	1	1	
CAT II TOURNIQUET		1	2	2	2	2	
PLEURAL DECOMPRESSION NEEDLES	3.25" 14GA	2	2	2			
RING CUTTER		1	1		1		
HEAD IMMOBILIZATION DEVICE	APPROVED DEVICE, ADULT AND PEDIATRIC	2 EACH	2 EACH		2 EACH		



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TRAUMA / DISASTER / PAPER FORMS, CONT.							
AMBULANCE RUN REPORT	PAPER BACK-UP	10	10	10	10	10	_____
REFUSAL / RELEASE FORMS	PAPER BACK-UP	5	5	5	5	5	_____
BUS ACCIDENT FORMS	PAPER BACK-UP	3	3	3	3	3	_____
CURRENT SYSTEM SOP'S	PRINTED COPY	1	1	1	1	1	_____
MISCELLANEOUS / OTHER ITEMS							
IV FLUID WARMER / COOLER	MUST HAVE UP-TO-DATE TEMPERATURE RECORDS	1	OPTIONAL				_____
AMMONIA INHALANTS	MAY BE USED FOLLOWING APPROPRIATE SYSTEM NOTIFICATION AND APPROVAL	OPTIONAL	OPTIONAL	OPTIONAL			_____
MECHANICAL CHEST COMPRESSION DEVICE		OPTIONAL	OPTIONAL	OPTIONAL			_____
N-95 RESPIRATOR MASK	SIZE REGULAR AND SIZE SMALL	4	3	2	2	2	_____
MEDICATION DELIVERY / ADMINISTRATION							
1 ML LUER LOCK SYRINGE	NEEDLELESS	6	4	2			_____
3 ML LUER LOCK SYRINGE	NEEDLELESS	6	4	2			_____
5 ML LUER LOCK SYRINGE	NEEDLELESS	6	4	2			_____
10 ML LUER LOCK SYRINGE	NEEDLELESS	6	4	2			_____
20 ML LUER LOCK SYRINGE	NEEDLELESS	6	2	2			_____
60 ML LUER LOCK SYRINGE	NEEDLELESS	3					_____



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MEDICATION DELIVERY / ADMINISTRATION, CONT.							
60 ML BLUNT TIP SYRINGE		3					_____
IM ADMINISTRATION NEEDLES	21 – 22 GA, 1 ½”	4	4	2			_____
FILTER NEEDLES		4	1	1			_____
MUCOSAL ATOMIZATION DEVICE (MAD)		2	2	1	1	1	_____
MEDICATIONS							
ADENOSINE (ADENOCARD®)	6 MG / 2 ML	1	1	1			_____
ADENOSINE (ADENOCARD®)	12 MG / 4 ML	2	2	1			_____
ALBUTEROL (PROVENTIL® / VENTOLIN®)	2.5 MG / 3 ML	6	4	2	2	2	_____
AMIODARONE (CORDARONE IV®)	150 MG VIAL (MAY HAVE SINGLE 150 MG / 100 ML PREMIX)	3	3	3			_____
ASPIRIN	81 MG CHEWABLE TABLET	8	8	8	8	8	_____
ATROPINE	1 MG / 10 ML	3	3	2			_____
BENZOCAINE SPRAY (HURRICANE®)	SPRAY CAN W/ APPLICATOR STRAWS	1	1	1			_____
CALCIUM GLUCONATE	2 G TOTAL	1					_____
DEXTROSE 10%	25G / 250 ML	2	2	1			_____
DEXTROSE 50%	25 G	1					_____
DIAZEPAM (VALIUM®)	10 MG	1					_____



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MEDICATIONS, CONT.							
DILTIAZEM (CARDIZEM®)	50 MG	1					_____
DIPHENHYDRAMINE (BENADRYL®)	50 MG	2	2	1			_____
DOBUTAMINE (DOBUTREX®)	400 MG PREMIX	1					_____
DOPAMINE (INTROPIN®)	400 MG PREMIX	1	1				_____
EPINEPHRINE 1: 10,000	1 MG / 10 ML	8	8	4			_____
EPINEPHRINE 1:1,000	1 MG	4	3	2			_____
EPIPEN ADULT	0.3 MG				1	OPTIONAL	_____
EPIPEN JR.	0.15 MG				1	OPTIONAL	_____
ETOMIDATE (AMIDATE®)	40 MG	1	1	1			_____
FENTANYL (SUBLIMAZE®)	100 MCG	4	2	2			_____
FOSPHENYTOIN (CEREBYX®)	500 MG PE / 1 ML	10					_____
FUROSEMIDE (LASIX®)	40 MG / 5 ML	1					_____
GLUCAGON (GLUCAGEN®)	1 MG KIT	2	1	1			_____
GLUCOSE GEL	24 – 25 G FOR ORAL USE W/ 2 TONGUE BLADES	1	1	1	1	1	_____
HEPARIN	10,000 UNITS TOTAL	1					_____
HYDRALAZINE (APRESOLINE®)	100 MG / 10 ML	2					_____



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MEDICATIONS, CONTINUED							
INSULIN, HUMAN REGULAR (NOVOLIN®, HUMULIN®)	200 UNITS	1					_____
KETAMINE (KETALAR®)	500 MG	2	2	1			_____
LABETALOL (NORMODYNE®)	100 MG / 10 ML	3					_____
LIDOCAINE HYDROCHLORIDE	100 MG / 10 ML	1					_____
LORAZEPAM (ATIVAN®)	10 MG TOTAL	1					_____
MAGNESIUM SULFATE	2 G / 50 ML PREMIX	2					_____
MANNITOL (OSMITROL®)	100 G	2					_____
METHYLPREDNISOLONE SODIUM (SOLU-MEDROL®)	125 MG	4					_____
METOPROLOL (LOPRESSOR®)	5 MG	3					_____
MIDAZOLAM (VERSED®)	5 MG / 5 ML x 4 VIALS AND/OR 5 MG / 1 ML x 2 VIALS	30 MG TOTAL	20 MG TOTAL	20 MG TOTAL			_____
MORPHINE	10 MG	2					_____
NALOXONE (NARCAN®)	2 MG	6	6	4	3	3	_____
NICARDIPINE (CARDENE®)	50 MG / 250 ML	2					_____
NITROGLYCERIN IV	25 MG	1					_____
NITROGLYCERIN SUB-LINGUAL	0.4 MG SL SPRAY	1	1	1			_____
NOREPINEPHRINE (LEVOPHED®)	4 MG / 4 ML	4					_____



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MEDICATIONS, CONTINUED							
NORMAL SALINE 1000 ML		5	4	2			_____
NORMAL SALINE 500 ML		2					_____
NORMAL SALINE 250 ML		2					_____
NORMAL SALINE 100 ML		2	2 *OPTIONAL*	2 *OPTIONAL*			_____
ONDANSETRON IV (ZOFRAN®)	4 MG	2	2	1			_____
ONDANSETRON ODT (ZOFRAN®)	4 MG	2	2	1			_____
PROPOFOL (DIPRIVAN®)	1000 MG TOTAL	1					_____
PROTHROMBIN COMPLEX CONCENTRATE (KCENTRA®)	5000 UNITS	1					_____
RESPIRATORY SALINE	15 ML PRE-FILL	4	4	1	2	1	_____
ROCURONIUM (ZEMURON®)	100 MG / 10 ML	2					_____
SALINE SYRINGES (IV FLUSH)	10 ML	4	3	2			_____
SODIUM BICARBONATE	50 MEQ	2	2				_____
SUCCINYLCHOLINE (ANECTINE®)	200 MG	2					_____
TETRACAINE (ALTACAINE®)	0.5% EYE DROPS	1	1	1			_____
TISSUE PLASMINOGEN ACTIVATOR (TPA) (ALTEPLASE®, ACTIVASE®)	100 MG	2					_____



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MEDICATIONS, CONTINUED							
TRANEXAMIC ACID (TXA, LYSTEDA®)	100 MG / 10 ML	1					_____
VASOPRESSIN (PITRESSIN®)	40 UNITS	2					_____
VECURONIUM (NORCURON®)	20 MG TOTAL	1					_____
VITAMIN K (AQUAMEPHYTON®)	2 MG TOTAL	2					_____
MEDICATIONS ONLY FOR USE DURING CRITICAL DRUG SHORTAGES WITH SYSTEM APPROVAL ONLY							
DEXTROSE 50%	25G	2	2	1			_____
DEXTROSE 25%	12.5G	2	1				_____
LIDOCAINE	100MG/10ML	1	3	2			_____
KETOROLAC (TORADOL®)	30MG/1ML	1	1	1			_____
MORPHINE SULFATE	10MG/2ML	2	2	2			_____

IDPH Ambulance Inspection Form: <http://www.dph.illinois.gov/sites/default/files/forms/ems-ambulance-inspection.pdf>